

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
GOAL SETTING MBE SOLICITATION REVIEW AND APPROVAL FORM**

SBR Procurement ☐

ADPICS #: M00R M00 CO	OPASS #: Previous OPASS #:	Solicitation Title:						
Select: <input type="checkbox"/> New Procurement <input type="checkbox"/> Retro/Emergency <input type="checkbox"/> Sole Source <input type="checkbox"/> IGCP <input type="checkbox"/> Option <input type="checkbox"/> Mod								
Administration: <div style="display: flex; justify-content: space-between;"> <div> Contact Name: Phone: </div> <div> Procurement Coordinator: Phone: </div> </div>								
OPASS Contract Officer Name: Phone:								
Anticipated Dollar Amount (including options):					Anticipated Start Date:			
Incumbent Vendor*: Yes <input type="checkbox"/> No <input type="checkbox"/>					Non-Profit: <input type="checkbox"/>		MBE: <input type="checkbox"/>	SBR: <input type="checkbox"/>
Vendor Name:								
<i>*If incumbent vendor, please attach most recent budget</i>								
For new procurements only: Duration of Contract Base: year(s) month(s)								
Option 1: day(s) Option 2: day(s) Option 3: day(s) Option 4: day(s) Option 5: day(s)								
For options only Option Term: <input type="checkbox"/> Option: day(s)								
For modifications only: Modification Term: <input type="checkbox"/> Modification: day(s)								
MBE Subcontract Goal: %	Previous Goal: %	Goal Met <input type="checkbox"/>	Sub Goal Total:	African American:	Asian American:	Hispanic American:	Women:	

Goal Explanation/Justification: *Your goal factors should include available MBEs certified by the MDOT to perform the task for which you are soliciting and consideration as to which portion of the contract can be subcontracted.*

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Recommendation:

- ☐ **Approved as submitted**
☐ **Approved with recommended changes (see comments)**
☐ **Denied:**
 - ☐ Stated goal is insufficient. Recommended goal is %.
 - ☐ Failure to include justification for MBE subcontracting goal.
 - ☐ Other (see comments below)

Reviewed by Procurement Review Group (PRG): _____

MBE Administrator/Liaison: _____ **Date:** _____

Attorney General: _____ **Date:** _____

Director of OPASS: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

PRG Member: _____ **Date:** _____

Note 1: Submit options and modifications with MBE goals only. Attach original goal justification, additionally document total dollars spent with incumbent and total dollar amount with certified MBE subs (ADPICS documentation). If goal is not being met, submit a corrective action plan.

Note 2: Please attach your MDOT list with this solicitation. To obtain a list, go to <http://mbe.mdot.state.md.us/directory>.

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MBE SEARCH RESULTS

Categories Subcontractable	Number of Certified Companies in each Category	Estimated Dollar Value	Percentage of Anticipated Award
TOTAL	0	\$0.00	0%

If a goal is not feasible for this contract, attach a list of those companies certified by MDOT which will be directly solicited with their names and certification numbers.